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## Acknowledgements

- San Diego County Access and Functional Needs Work Group

# ANNEX E

## Public Health Operations



## Unified San Diego County Emergency Services Organization And County of San Diego

## Operational Area Emergency Operations Plan

September 2014

GENERAL	EXECUTIVE SUMMARY																				
<p><b>Introduction</b></p> <p>The Public Health Operations Annex (Annex-E) to the San Diego County Operational Area Emergency Operations Plan (OA EOP) describes the basic concepts, policies and procedures for providing public health services in the event of any emergency or disaster. Organizationally, public health services are provided under the coordination of the Health and Human Services Agency (HHSA), Public Health Services (PHS). This annex serves as the unifying public health document for the San Diego County Operational Area (OA).</p> <p>California’s disasters often have public health and medical impact. Many organizations, both public and private, contribute to a Public Health and Medical System that must be prepared to successfully respond to the public health and medical consequences of disasters.</p> <p>Effective disaster response is served by having a Public Health and Medical System that uses common operating procedures that are well understood and used by organizations involved in the response. The complexity of California’s disasters has led to increased interaction between many public health, environmental health and medical functions. This interaction has driven the need for a coordinated system that articulates common procedures across functional components of the Public Health and Medical System.</p> <p>This annex builds upon and incorporates the use of the California Public Health and Medical Emergency Operations Manual (EOM), and incorporates the use of the California Standardized Emergency Management System (SEMS), the National Incident Management System (NIMS), the Incident Command System (ICS) and the role of key participants in the Public Health and Medical System during emergencies. It supports the development of California Emergency Function-8 (EF-8) and the Federal Emergency Support Function (ESF-8) Public Health and Medical Services plans.</p>	<p><b>Annex E describes the roles and responsibilities of the Public Health Divisions of the San Diego County Health and Human Services Agency (HHSA), including Public Health Nurses, the Public Health Lab and various other divisions. The primary missions of Public Health include preventative health measures and communicable disease control.</b></p> <p><b>TABLE OF CONTENTS</b></p> <table> <tr><td>- General</td><td>1</td></tr> <tr><td>- Concept of Operations</td><td>5</td></tr> <tr><td>- Organization and Assignment of Responsibilities</td><td>7</td></tr> <tr><td>- Direction, Control, or Coordination</td><td>22</td></tr> <tr><td>- Information Collection and Dissemination</td><td>24</td></tr> <tr><td>- Communications</td><td>24</td></tr> <tr><td>- Administration, Finance, and Logistics</td><td>26</td></tr> <tr><td>- Annex Development and Maintenance</td><td>28</td></tr> <tr><td>- Authorities and References</td><td>28</td></tr> <tr><td>- Appendices</td><td>34</td></tr> </table>	- General	1	- Concept of Operations	5	- Organization and Assignment of Responsibilities	7	- Direction, Control, or Coordination	22	- Information Collection and Dissemination	24	- Communications	24	- Administration, Finance, and Logistics	26	- Annex Development and Maintenance	28	- Authorities and References	28	- Appendices	34
- General	1																				
- Concept of Operations	5																				
- Organization and Assignment of Responsibilities	7																				
- Direction, Control, or Coordination	22																				
- Information Collection and Dissemination	24																				
- Communications	24																				
- Administration, Finance, and Logistics	26																				
- Annex Development and Maintenance	28																				
- Authorities and References	28																				
- Appendices	34																				

## Purpose

To establish emergency public health operations (including planning, response and operations), assign responsibilities, and provide actions and responses to public health problems associated with emergencies or disasters.

Public Health will follow activities, operations as listed under State of California EF-8 and Federal ESF-8 in response to a public health and/or medical disaster, or potential incident requiring a communication and coordination with State and Federal response agencies.



## Scope

The phrase “medical needs” is used throughout this annex. Public Health and Medical Services include responding to medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of people with disabilities and other access and functional needs described in the Pandemic and All-Hazards Preparedness Act and in the National Response Framework (NRF) Glossary, respectively. It includes a population whose members may have medical and other functional needs before, during, and after an incident.

Public Health and Medical Services includes behavioral health needs consisting of both mental health and substance abuse considerations for incident victims and response workers and, as appropriate, medical needs groups defined in the core document as individuals in need of additional medical response assistance and veterinary and/or animal health issues.

Public Health Services (PHS) works to prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote and encourage healthy behaviors, respond to disasters and assist communities in recovery and assure the quality and accessibility of health services throughout the OA. Stakeholders are involved in a wide spectrum of activities involving public health, environmental health, emergency medical services and health care delivery, to include the following scope of activities:

### Health and Human Services, Public Health Services:

- Communicable Disease.
  - Epidemiology and Surveillance.
- Emergency Medical Services (EMS):
  - Patient Movement, Evacuation, Distribution and Tracking.
  - Field Disaster Services (e.g. Ambulance Strike Teams).
  - 911 and Dispatch Centers.
  - Pre-hospital, Hospital and Trauma Systems.
- Healthcare volunteers and personnel resource management.

- Laboratories.
  - Laboratory Networks.
  - Testing and Reporting.
  - Laboratory Surge.
  - Local Public Health Laboratory.
- Patient Care.
  - People with disabilities and other access and functional needs (AFN).
  - Mental/Behavioral Health.
  - Emergency Licensure and resolution of licensing Issues.
  - ESF-8
  - Medical Shelters and Medical Support to general Population Shelters in Coordination with the Care and Shelter EF-6
  - Medical Surge, including Facility Expansion and Government Authorized Alternate Care Sites (ACS).
- Public Information and Risk Communications relative to health and medical issues.
- Safety and Security of Drugs, Biologics, and Medical Devices.
- Worker Health and Safety/Occupational Health, including First Responder and healthcare provider safety in coordination with California Occupational Safety and Health Administration (Cal-OSHA).

#### **Services provided by State or other County Departments:**

- Communicable Disease.
  - Zoonotic Veterinary Disease Surveillance.
- Blood, Organs and Blood tissues.
- Drinking Water.
  - .
- Food and Agricultural Safety and Security.
  - Foodborne Epidemiology.
  - Product Trace-backs.
- Foster Care.
- Hazardous Materials relative to Public Health and Safety.
- Healthcare Facility Safety.
- Mass Fatality Management.
- Medical waste management.
- Non-Personnel Resources.
- Public Information and Risk Communications relative to health and medical issues.
- Safety and Security of Drugs, Biologics, and Medical Devices.
- Vector Control.
- Wastewater and solid waste disposal.



## Goals and Objectives

The overall goal of emergency/disaster public health operations is to minimize loss of life and human suffering, prevent disease and promote optimum health for the population by controlling public health factors that affect human health and by providing leadership and guidance in emergency/disaster public health-related activities.

The overall objectives of emergency/disaster public health operations are to:

- Provide preventive health services and control disease outbreaks.
- Conduct rapid disease surveillance activities.
- Issue public health advisories (water, air, food, soil).
- Respond to public health related incidents/events.
- Coordinate health-related activities among other local public and private response agencies or groups.
- Develop and execute recovery plan; assist in Operational Area recovery planning
- Establish procedures for activation and termination of this annex.

## Whole Community Approach

The whole community concept is a process by which residents, emergency management representatives, organizational and community leaders, and government officials can understand and assess the needs of their respective communities and determine the best ways to organize and strengthen their resources, capacities, and interests. Engaging in whole community emergency management planning builds a more effective path to societal security and resilience. This annex supports the following whole community principles:



- Understand and meet the needs of the entire community, including people with disabilities and those with other access and functional needs.
- Engage and empower all parts of the community to assist in all phases of the disaster cycle.
- Strengthen what works well in communities on a daily basis.

In keeping with the whole community approach, this annex was developed with the guidance of representatives from the OA Cities and representatives from County departments, law enforcement, fire services, emergency management, the access and functional needs communities, and various other stakeholders. The effectiveness of the emergency response is largely predicated on the preparedness and resiliency of the community.

### Community Resiliency Consists of Three Key Factors:

1. The ability of first responder agencies (e.g. fire, law and EMS) to divert from their day-to-day operations to the emergency effectively and efficiently.



2. The strength of the emergency management system and organizations within the region, to include Emergency Operations Centers (EOCs), mass notification systems and communication systems.
3. The civil preparedness of the region's citizens, businesses and community organizations.

Focusing on enhancing all three of these components constantly focuses the OA on improving the region's resiliency.

## CONCEPT OF OPERATIONS

The County of San Diego is structured into five separate organizational groups. The Land Use and Environmental Group (LUEG), and HHSA are responsible for health/medical and environmental mitigation of impact or potential impact resulting from a public health emergency or disaster.



The County of San Diego Department of Environmental Health (DEH) is part of the LUEG group, separate from HHSA and PHS, but works closely with PHS and communicates with the local Public Health Officer (PHO) and other key health officials when there is a potential or actual effect to the public health of the general population related as related to water, air, food, soil or other or environmental factors.

When an incident or disaster occurs, PHS supports the OA response by working to protect against further environmental hazards, preventing injuries, responding to the disaster in a coordinated effort and assisting communities in recovery to assure the quality and accessibility of health services throughout the county.

### Coordination

HHSA functions as the local public health department, including agencies such as PHS, EMS, Behavioral Health Services (BHS), Epidemiology and Immunizations Services and Public Health Laboratory. In support of the OA response, HHSA, Public Health and EMS may send staff to assist at the OA EOC and fill positions in Medical & Health Branch, Care and Shelter Branch, and/or the Emergency Medical Services/Public Health Departmental Operations Center (DOC) locally known as the Medical Operations Center (MOC).

PHS is responsible for coordinating measures to protect the public health prior to, during and following a health emergency or disaster. PHS activities described in the California Health and Safety Code include the following: communicable disease control (reportable diseases), maternal and child health/family planning, vital records, environmental surveillance, laboratory services and public nursing.

PHS Administration includes the office of the Public Health Officer (PHO), Public Health Policy.

While generally open and staffed whenever the OA EOC is activated, the HHSA DOC may be activated independently for emergency/disasters that are localized or primarily HHSA-related events. The HHSA DOC is typically activated for recovery activities as part of the agency Continuity of Operations Plan (COOP) operations.

EMS is responsible for disaster medical response coordination between OA EOC and healthcare providers within the County of San Diego and the State. EMS is considered the Local Emergency Medical Services Agency (LEMSA) and is responsible for the on-going oversight of the pre-hospital response system (Emergency Medical Technician (EMT) & Paramedic certifications) and pre-hospital medical direction. As the LEMSAs, EMS coordinates with emergency medical responders and first receivers (hospitals and medical facilities) to ensure efficient and effective response to emergency situations including disaster and catastrophic emergencies. The EMS DOC (MOC) is primarily responsible for health and medical response operations, activities, coordination and communications.



Within the Public Health and Medical System, coordinating functions exist at the level of the OA, Mutual Aid Region, and State. The Medical Health Operational Area Coordinator (MHOAC) program coordinates the functions identified in statute within the Mutual Aid Region, Regional Disaster Medical Health Coordinator (RDMHC) program.

BHS division of HHSA provides services under three major categories: Alcohol and Drug Services, Inpatient Health Services and Outpatient Mental Health Services.

- Inpatient services are available at the San Diego County Psychiatric Hospital (SDCPH), Edgemoor Skilled Nursing facility and other contracted facilities.
- BHS contracts private providers to provide response activities that may include:
  - Daily crisis briefing with providers to oversee patient issues;
  - Identification of enrolled mentally ill clients in the shelters;
  - Assignment of mental health counseling teams to shelters;
  - Critical incident stress debriefing with first responders and first receivers;
  - Relocation and evacuation of group homes; and
  - Transport of hospitalized patients to psychiatric facilities.

(See Annex-M Behavioral Health Services Operations)

### **State Mutual Aid**

The State of California is divided into six mutual aid regions. The OA is located in Region VI, which also includes the Counties of Inyo, Mono, San Bernardino, Riverside, and Imperial. In the event local public health/medical resources are unable to meet the needs within OA, assistance from the neighboring jurisdictions maybe requested. This process is done through the local MHOAC working with the Regional Disaster Medical Health

Coordinator/Specialist (RDMHC/S) who coordinates with the California Department of Public Health (CDPH) and State of California Emergency Medical Services Authority (EMSA). The California Office of Emergency Services (Cal OES) regional office may also be notified to assist in this process.

The RDMHC/S communicates and coordinates the provision of medical and public health resources through the local MHOAC.

Emergency/disaster public health requests are consolidated at the OA and provided to the RDMHC/S to:

- Coordinate the acquisition and allocation of critical public and private medical and public health resources required to support emergency/disaster medical operations.
- Coordinate medical resources in unaffected counties in the Region for acceptance of casualties.

## ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

In accordance with the principles of ICS, SEMS, and NIMS, the response to an emergency or disaster is managed at the lowest level possible. Accordingly, local government has the primary responsibility for the response to an emergency or disaster. HHSA is responsible for public health, medical emergency response within the OA.

PHS, directed by the Public Health Officer, is the HHSA division responsible for providing public health services during a the response and recovery phases of a public health emergency or disaster. EMS is a branch within PHS and is responsible for the MHOAC contact, medical emergency response and logistics support during a public health emergency or disaster. Details about the various components within HHSA may be found in the following:



- ESF #8: Public Health and Medical Services.
- ESF #6: Mass Care, Housing and Human Services.

During a disaster, the County and jurisdictional agencies provide staff to the OA EOC.

The OA EOC, the HHSA DOC, and the EMS DOC (MOC) follow SEMS, NIMS, and ICS criteria, and are key to successful emergency/disaster response and recovery operations.

### Medical Health Operational Area Coordination

The MHOAC program is based on the functional activities described in Health and Safety Code 1797.153. County of San Diego MHOAC is the primary point of contact for the MHOAC program and liaisons with the RDMHC/S.



The MHOAC Coordinator, or designee, is assigned to the EMS Medical Health Branch of the OA EOC Operations Section. The MHOAC program is accomplished by a number of departments. Some of these functions are outside of HHSA. The medical and health plans include preparedness, response, recovery and mitigation functions in accordance with the State Emergency Plan (SEP), as established under Sections 8559 and 8560 of the Government Code, at a minimum, the medical and health disaster plan(s), policy and procedures include the following:

1. Assessment of immediate medical needs.
2. Coordination of disaster medical and health resources.
3. Coordination of patient distribution and medical evaluation.
4. Coordination with inpatient and emergency care providers.
5. Coordination of out-of-hospital medical care providers.
6. Coordination and integration with fire agency personnel, resources, and emergency fire pre-hospital medical services.
7. Coordination of providers of non-fire based pre-hospital emergency medical services.
8. Coordination of the establishment of temporary field treatment sites.
9. Health surveillance and epidemiological analyses of community health status.
10. Assurance of food safety.
11. Management of exposure to hazardous agents.
12. Provision or coordination of mental health services.
13. Provision of medical and health public information protective action recommendations
14. Provision or coordination of vector control services.
15. Assurance of drinking water safety.
16. Assurance of the safe management of liquid, solid, and hazardous wastes.
17. Investigation and control of communicable disease.

### **City Emergency Operations Center**

In the event that a City EOC is activated for a localized emergency/disaster that may threaten or endanger the public health the city may request a public health consultation. This request may be made by notifying the on-duty officer for Epidemiology, EMS, and/or DEH.

## Operational Area Emergency Operations Center

The OA EOC serves the entire OA, including the 18 cities, military bases and special districts, with the Chief Administrative Officer (CAO) serving as Director of Emergency Services for the unincorporated area, and Coordinator of Emergency Services for the incorporated areas.

The Health Branch of the OA EOC (Figure 1) is activated based on operational need. It is staffed by pre-designated public health personnel and coordinates the emergency medical response for the OA. The OA EOC Health Branch staff serves as advisors to the Director/Coordinator of Emergency Services, as well as makes decisions about resource allocation, priorities, and other public health matters. Additional members of the Health Branch may be physically located at an alternate site, the EMS DOC (MOC), maintaining constant communication with the OA EOC Health Branch Coordinator.



The following HHSA personnel may staff the OA EOC:

### Policy Group:

- Director, HHSA (or designee) reports to the Director/Coordinator of Emergency Services and is responsible for the long-range planning and policy decisions.
- PHO (or designee) reports to the HHSA Director, and is responsible for the overall management of Public Health within the OA. The PHO in consultation with the Director of HHSA makes policy decisions related to emergency/disaster health services.

### Operations Section

#### Health & Medical Branch:

- Health Branch Coordinator position within the OA EOC is filled by the Chief, EMS (or designee). This position reports to the Operations Section Chief and is responsible for overall coordination of health and medical care operations and providing health and medical services expertise required in the OA. Public Health Unit Leader is assigned to the OA EOC by HHSA and PHS. The Public Health Unit Leader is responsible for coordinating disaster public health operations throughout the OA. This position reports to the Health Branch Coordinator.
- EMS Unit Leader is assigned to the OA EOC by HHSA and PHS. The EMS Unit Leader is responsible for the management and needs assessment of County EMS units and hospitals, and clinics located in the OA. This position reports to the Health Branch Coordinator.

- Currently, the EMS Unit Leader also serves as the MHOAC for the County.

- MHOAC will assist with the communications and coordination of medical and health resource coordination within the OA. The MHOAC serves as OA point of contact for coordination with the LEMSA, Local Health Department (LHD), Department of Environmental Health (DEH), Regional Disaster Medical Health Coordinator (RDMHC) program, CDPH, Emergency Medical Services Authority (EMSA), and Cal OES.
- Behavioral Health Unit Leader is assigned to the OA EOC by HHSA and BHS. The Behavioral Health Unit Leader is responsible for the safety and well-being of Behavioral Health clients and the provision of critical incident stress de-briefing and crisis intervention services to emergency workers, OA EOC staff and the general public during and after an emergency. This position reports to the Health Branch Coordinator.

#### **Care and Shelter Branch (also see Annex-G Care & Shelter):**

- Care and Shelter Branch Coordinator is filled by the staff from HHSA and PHS. This position reports to the Operations Section Chief and is responsible for overall coordination of care and shelter activities.
- AFN Unit Leader is filled by HHSA Department of Human Resources (DHR). This position reports to the Care and Shelter Branch Coordinator. This position coordinates with local government and the Care and Shelter Branch Coordinator to ensure specialized services and resources are provided as required for people with disabilities and other AFN.
- County Shelter Unit Leader is filled by staff from HHSA and this position reports to the Care and Shelter Branch Coordinator. This position coordinates care and shelter activities for government run shelters.



#### **Other Operations Positions:**

- The HHSA Public Information Officer is assigned to the Joint Information Center (JIC) at the OA EOC.
- Other Operation Section positions may be assigned by HHSA and PHS. These pre-designated staff will report to the OA EOC and fill a variety of positions to support activities in the Operations Section. These positions will report to the Operations Section Chief.

### **EMS Departmental Operations Center (Medical Operations Center)**

The EMS DOC (MOC) coordinates operational disaster medical activities during a disaster and provides logistics support during a public health emergency. The EMS DOC (MOC) communicates and places resource requests through the OA EOC Medical Health Branch

The EMS DOC (MOC) serves as a support and procurement entity of medical & health supplies to the County OA EOC or HHSA DOC during a public health emergency. EMS DOC (MOC) is the primary coordinator for hospital and clinic information exchange, resources requests, logistics and tactical operations.

While generally open and staffed whenever the OA EOC is activated, the EMS DOC (MOC) may also be activated independently for emergency/disasters that are localized, low level emergencies or are primarily health-related. In addition to the EMS staff, agency and community members, the following are PHS staff positions that may have liaisons in the EMS DOC (MOC) based on event and situation:

- Chief, Public Health Nursing (or designee) coordinates the activities and deployment of PHS nursing staff.
- Epidemiology and Immunization Services (or designee) coordinates surveillance and case investigation activities.
- Public Information Officer (PIO) coordinates information from the EMS DOC (MOC) to the Joint Information Center (JIC) at the OA EOC.
- PHS staffs fill positions to support the health-related needs and activities of the OA EOC and EMS DOC (MOC). Staff may be assigned to fulfill a variety of required roles/positions within Operations, Finance, Planning, Intelligence and Logistics.

### **HHSA Departmental Operations Center**

The HHSA DOC is involved in the mitigation, coordination, and recovery from a disaster or emergency event. The HHSA DOC is primary responsible for HHSA COOP response and recovery efforts for HHSA related services. The HHSA DOC may also be activated independently for emergency/disasters that are localized emergencies, public health emergencies or primarily HHSA related events.

The HHSA DOC is typically activated for disaster or emergency events for COOP activation and during recovery activities. The following are staff positions in the HHSA DOC:

- HHSA Chief Operations Officer position is generally filled by an Executive Staff member. This position coordinates the activities of the HHSA DOC.
- HHSA Chief Financial Officer (or designee) coordinates aspects of HHSA financial documentation related to the event.
- HHSA Human Resources Representative coordinates with the OA EOC and EMS DOC (MOC) for support to manage Disaster Service Worker (DSW) deployment.
- Public Information Office provides support for public information activities; drafts communications messages for HHSA DOC. When the OA EOC JIC is activated

the PIO provides support and coordination of information to the HHSA DOC from the OA EOC.

- Other HHSA Representatives may be assigned to the HHSA DOC from the following programs: Aging & Independence Services (AIS), PHS, EMS, BHS, and Regional Management Teams.

### Assignment of Responsibilities

California Department of Public Health (CDPH) is the lead State agency for what the NRF calls ESF-8: *Public Health & Medical Services* as well as a supporting agency for ESF-6: *Mass Care, Emergency Assistance, Housing, and Human Services*. HHSA is the public health agency for the County and coordinates County health, medical and human services assets in the event of a public health emergency or major natural or man-made disaster.

To accomplish its mission, the County of San Diego integrates DEH and PHS which are in separate organizational groups. HHSA utilizes a public – private partnership in respects to health and medical services and engages many sectors of the community to promote health and disaster preparedness and to provide services. HHSA and DEH provide representatives to the Medical Health Branch of the OA EOC.

HHSA Divisions provide coordination and services for the following general areas:

#### Public Health Services

- Biological Agent Identification and Laboratory Diagnostics.
- Disease Surveillance and Outbreak Management.
- Disease Prevention and Mass Prophylaxis.
- Emergency Medical Services and Medical Transport.
- Healthcare Facilities and Alternative (Surge) Care Sites (ACS).
- Mass Fatality and Death Certificates.
- Pharmaceuticals and Strategic National Stockpile Reception and Distribution.
- Environmental Laboratory Diagnostics.
- Food Quality and Protection – limited testing for identification (no disposal).



#### Human Services

- Behavioral Health.
- Disaster Case Management and Social Services (Medicaid, Disaster Food Stamps, etc.). Unmet Needs Assistance as appropriate.



- People with disabilities and other access and functional needs, coordinating timely and appropriate support to individuals in need of additional access and functional needs assistance.

## County of San Diego Public Health Services (PHS)

### PHS Administration and Emergency Medical Services

- Edits/updates the Public Health Operations Annex of the OA EOP and any other emergency public health plans and procedures.
- Maintains and updates the annual Hospital Capacity Plan.
- Coordinates emergency/disaster/emergency public health operations within the OA.
- Coordinates the procurement, allocation and distribution of public health resources required to support emergency/disaster public health operations.
- Requests and responds to requests from the RDMHC/S.
- Develops and maintains a capability for identifying public health resources within the OA.
- Coordinates public health-related activities among other local public and private response agencies or groups, as well as state and federal agencies.
- Coordinates, in collaboration with the Care and Shelter Branch, the County Disaster Response Assessment Team(s) (DRAT) and deploys the trained team to assess potential or current shelters for the need of medical resources and/or other specialized services for people with disabilities or other access and functional needs.
- Disseminates information vital to the emergency response efforts of disasters (including bioterrorism) via California Health Alert Network (CAHAN) alerts to local health care and public safety professionals.
- Activates and assists in staffing the EMS DOC (MOC).
- Coordinates the deployment of DSWs from the Medical Reserve Corp (MRC) to response.
- Provides Medical and Health Coordination:
  - LHD is mandated to coordinate, plan and administer an emergency response to public health threats and to secure, compile and disseminate information concerning the prevention and control of



epidemics and conditions affecting or endangering the public health. LHD responsibilities include:

- Consult with local public health officials, hospitals, nursing homes and other health/medical facilities as appropriate to determine the magnitude and extent of the public/health/medical problems associated with a catastrophic disaster and assist local public health officials in developing appropriate strategies to address such problems;
- Define the types and amounts of public health and medical assistance required by public and private health/medical organizations, developing specific requests for assistance under ESF-8, including medical personnel, equipment, and supplies;
- Determine assistance needed to move patients to definitive care facilities that are part of the National Disaster Medical System (NDMS) network;
- (E.g. hospitals, clinics, Skilled Nursing Facilities (SNF), Long-Term Care Facilities (LTC)) and other medical provider partners.
- The EMS Duty Officer monitors the hospital system capacity and surge in accordance with the Hospital Capacity Plan.
- Provide ongoing field assessments in conjunction with state and federal officials as available; and possibly deploying DRAT to identify public health, medical and/or AFN issues.

#### **Epidemiology and Immunization Services Branch (EISB), HIV Services Hepatitis B/Sexually Transmitted Disease (HSHB/STD) Branch and Tuberculosis (TB) Branch**

- Receives and registers reports of legally reportable communicable diseases and conditions
- Conducts epidemiologic surveillance to identify potential events and outbreaks of public health concern. Investigates reports of suspected communicable diseases, conditions and outbreaks.
- Conducts disease investigations of possible contacts associated with an infected case.
- Conducts routine identification and monitoring of indicators which are associated with increased health care services utilization and impact
- Monitors syndromic surveillance indicators of disease activity among emergency departments and 911 call centers and similar data sources.
- Collects and utilizes multiple, cross-referenced sources of communicable disease information, such as reportable diseases, Public health Laboratory



results, electronic laboratory reporting, Center for Disease Control (CDC) PulseNet, San Diego Immunization Registry (SDIR) and other similar sources.

- Coordinates with HHSA and other County departments and our medical and community partners to investigate suspected disease reports, to conduct surveillance and monitor disease trends, and to prevent or reduce disease transmission by providing alerts, education and assistance to implement guidelines and recommendations.
- Manages vaccine supply and influenza vaccine distribution.
- Provides immunizations as required.
- Provides PIOs with communicable disease information and statistics to be disseminated to the public. Determines when special control measures (i.e. quarantine or prophylactic treatment) should be instituted based on epidemiological findings.
- In collaboration with DEH and the Public Health Laboratory, works toward restoration of normal water supply and environmental control and surety measures.
- Increases level of surveillance activity and situational awareness monitoring as necessary. Disseminates information vital to the prompt recognition and control of disease transmission, including CAHAN releases to health care professionals.
- Initiates public messaging in collaboration with Health Officer, as to risk-reducing behaviors to the media and public via the County Communications Office.

### Public Health Laboratory

- Conducts environmental testing, especially food, drinking water and possible sewage spills.
- Provides public health surveillance and assessment support.
- Performs microbiological testing of human specimens as needed for disease control and support of clinics and hospitals.
- Performs microbiological testing of food supplies as needed for disease control.
- Assists in microbiological testing of the environment as needed.
- Performs appropriate testing to identify animal to human disease exposure.



## Public Health Nursing & Public Health Nursing Administration

- Chief Public Health Nurse (or designee) may coordinate the activation of public health nurses from the HHSA regions and PHS branches during a public health emergency/disaster response and during the recovery period.
- Provides outreach, teaching, and/or provide mass immunization/prophylaxis to the community at large (when directed by the PHO or designee).
- Assists with environmental and disease control measures when requested.
- Assists with assessment of community health status.
- Conduct communicable disease investigations.
- Provides assistance to vulnerable risk groups as designated by the PHO or designee.
- Provides limited behavioral health assistance related to emotional trauma and makes referral to BHS staff as needed (See Annex-M, Behavioral Health Operations).
- Triage injured or ill individuals arriving at shelters to appropriate level of care (See Annex-G)
- May assist in providing staffing at Field Treatment Sites (FTS) and First Aid Stations (FAS) or other mass care operations, as requested (See Annex-D, Mass-Casualty Incident (MCI) plan). For planning purposes, their role at the sites should normally be limited to public and preventive health activities.
- Chief Public Health Nurse or designee, with the Regional General Manager, will communicate the needs of the region through the HHSA DOC and then coordinate implementation and delivery of these services.



## Public Health Centers

Throughout the OA, there are six Public Health Centers: Central Region, East Region, North Inland, North Central, North Coastal, and South Region. In addition to the six Public Health Centers, there is a Vaccine Immunization Program (VIP) Clinic. These sites may be opened during an emergency/disaster, depending on the location and nature of the emergency and the availability of personnel and resources. Each Public Health Center is the primary assembly point for Public Health Center personnel during emergency/disaster activation. If an office, clinic, or a Public Health Center is destroyed or inaccessible, staff members will move to an alternate location as designated in the COOP, assuming it is safe to do so. Emergency public health activities will be coordinated and priorities set under the direction of the PHO, the Chief Public Health Nurse, or designees.

## County Communications Office

As part of OA EOC activation the JIC is staffed by representatives of the County Communications Office and other County departments. During day-to-day operations subject matter expert staff from various PHS branches will work with the County Communications Office. These subject matter experts work with the PIO to prepare Public Health Advisories for broadcast during an emergency/disaster. During a disaster or emergency, the Public Health Officer will work closely with the JIC staff and other County Department subject matter experts (e.g., air pollution control) to prepare and release all health-related press releases or public health advisories. Public Health Advisories inform the public of any immediate or long-term public health issues. Public Health Advisories may include, but are not limited to, emergency information regarding recommendations in the following types of activities:

- Water
- Sanitation
- Food Preparation
- Communicable Disease Control
- Vectors
- Radiological Protection
- Hazardous Materials
- Laboratory Testing

## County of San Diego Office of Emergency Services (OES)

- Assists with public health emergency/disaster planning and training.
- Coordinates efforts to obtain resources both in the OA and outside of the OA, including supplies and logistical support.
- Requests, obtains, and allocates military assistance in accordance with military plans and procedures.
- Activates, manages, and staffs the OA EOC.
- Assists with recovery efforts, particularly in obtaining state and federal reimbursement funds.
- Serves as the OA Coordinator for mutual aid.





## Department of Environmental Health (DEH)



- Food and Housing Division (FHD) conducts restaurant and food truck / food cart inspections and issues the appropriate A-B-C grade card. The division is also responsible for inspecting swimming pools, checking for everything from water quality and filtration systems, to safety equipment and enclosures. Food and Housing personnel also inspect body art facilities, as well as apartments, hotels and motels, camps and even detention facilities. FHD responds to public health threats and environmental hazards associated with these regulated facilities, including fires, food recalls and boil water orders, all in the interest of promoting safe communities
- Land and Water Quality Division test the water of our beaches and bays and posts the results for residents and visitors. Deals with recycled water, testing and removal of underground storage tanks, inspection of small drinking water systems, wells, and mobile home parks in the unincorporated county.
- Community Health conducts collection of household hazardous materials in the unincorporated county; coordinates the county's asbestos and lead programs; and runs the vector control program to keep us safe from diseases such as West Nile virus, Hantavirus, Lyme disease, and others. Other programs under the community health umbrella include radiological health and the solid waste local enforcement agency dealing with landfills and composting facilities.
- Hazardous Material Division regulates more than businesses to ensure that hazardous materials, hazardous and medical wastes, are properly catalogued, stored and managed. The HIRT (Hazardous Incident Response Team) responds to spills and works with various other agencies in cleanup operations.

## Support Agency/Organizations

### Local

#### **Support Agencies/Organizations provide essential services by:**

- Maintaining an active liaison with the San Diego Healthcare Disaster Council, the Unified Disaster Council (UDC), San Diego County Fire Chiefs Association (SDCFCA) and other OA planning committees.
- Maintaining an active liaison with EMS DOC (MOC).
- Preparing Standard Operating Procedures (SOP's) and functional checklists for response to a mass-casualty incident, including a system for automatic reporting of pre-designated personnel to assigned disaster posts. Participating

agencies must comply with State and Federal training requirements for the effective use of SEMS and NIMS, while utilizing ICS.

- Training personnel and alternates.

**Local Support Agencies support functions include, but not limited to:**

- County of San Diego Departments include:
  - OES is the lead agency for disaster preparedness and coordination, alert notifications, and activation and management of the OA EOC.
  - EMS is the LEMSA and maintains and updates the Mass Casualty Incident (MCI) Annex, develops medical emergency response plans, procedures and protocols. EMS coordinates disaster medical operations within the OA.
  - PHS – provides human and public health services to minimize loss of life and human suffering by providing epidemiological surveillance, immunizations, prevention, optimizing health, and supporting shelter needs within the operational area. PHS provides shelter personnel and surveillance. HHSA DOC and PHS may be the lead agency for public health emergencies in the county.
  - DEH - provides subject matter experts and oversees the following areas: Hazardous Materials Response Team and works a member of the Metropolitan Medical Strike Team (MMST), conducts restaurant and food truck / food cart inspections, test water and septic systems, conducts collection of household hazardous materials in the unincorporated county; coordinates the county's asbestos and lead programs; and runs the vector control program to keep us safe from diseases such as West Nile virus, Hantavirus, Lyme disease, under the community health umbrella include radiological health and the solid waste local enforcement agency dealing with landfills and composting facilities.
  - BHS – provides a network of behavioral health disaster responders and recovery services for critical incident support, debriefings and assessment.
  - Sheriff's Communications Center (SCC) – provides regional communications (radio) systems support.



- DSWs – are County employees who may be reassigned to disaster response and recovery activities in support of clinical and general population needs. Some of the DSW are licensed clinical personnel.
  - Office of Education – assists school districts in furnishing and maintaining services and coordination of local schools with OES and the local American Red Cross (ARC).
- In a widespread disaster, San Diego County Office of Education (Public School Districts) – Coordinate with OES, EMS and ARC with designation of schools for mass care, prophylaxis and medical sheltering. In a localized disaster, the coordination may be directly with the Superintendent of the district involved.
- Fire Agencies – acts as Incident Commander or as part of the Unified Command.
- First Responders – provides scene situational awareness, communications, triage, treatment and transport.
- Law Enforcement – if a Unified Command structure is appropriate, law enforcement may have a role in the Unified Command component. Law provides security, perimeter control, crowd and traffic control and evacuation routes.

**Local Support Organizations support functions include, but not limited to:**

- Ambulance Agencies – provide victim triage, treatment and transportation
- Ambulance Association (Private) – Coordinates private ambulance resources through the County Ambulance Coordinator who, during activation, is stationed in the EMS DOC (MOC).
- ARC San Diego/Imperial Counties Chapter – provides personnel and structure for First Aid Stations and general population shelters.
- Clinical Disaster Service Workers (CDSW)/Medical Reserve Corps (MRC) - are variety of medical, veterinary and associated health provider volunteers registered through State Disaster Health Volunteer (DHV) network and members of the local MRC managed by EMS.
- Facilitating Base Hospital - coordinates medical communications between field and hospitals for medical control, and with EMS for hospital operational status, bed counts and bed availability.
- Hospital Association and San Diego and Imperial Counties – assists in coordination between hospitals.
- Hospitals – provide definitive medical care, subject matter expertise, and field treatment teams for catastrophic events.
- Radio Amateur Civil Emergency Service (RACES)/Amateur Radio Emergency Service (ARES) – are amateur radio (ham) organizations that provide back-

up/redundant communications support to OA EOC, EMS DOC (MOC), hospitals and the scene.

- San Diego County Medical Society – assists in notification of and recruitment volunteer physicians.
- San Diego Health Care Disaster Council (SDHDC) – Provides coordination among healthcare coalition partners

#### **State (Appendix A)**

- Responds to requests for resources from the OA EOC.
- Coordinates medical mutual aid within the State.
- Assists the OA in recovery efforts.
- Coordinates and maintains directory of medical personnel statewide through the DHV Program.



#### **Federal Government (Appendix B)**

- As shortfalls occur in State resources, Federal agencies make their resources available, upon request coordinated by the Federal Emergency Management Agency (FEMA) or through the Department of Homeland Security (DHS).
- In a major disaster, the NDMS may be activated, and patients from this OA may be sent to other counties and states for treatment.
- Disaster Medical Assistance Teams (DMAT) – may be activated through the NDMS and ESF-8 via request to the State of California EMSA, CDPH, or Cal OES.
  - A DMAT can perform the following:
    - Field Treatment Site(s) (FTS).
    - Regional Evacuation Points (REP).
    - Patient Reception Points (PRP), when the hospital bed component of NDMS is activated.
    - Hospital staff relief or augmentation.
    - Shelter care.
    - Mass prophylaxis.
- Other response assistance teams available from the NDMS are:
  - DMORT – Disaster Mortuary Operations Response Team.
  - Mental Health Specialty Teams - for large scale Critical Incident Stress Debriefing.
- Federal Military – may provide supplies, equipment, personnel and air-sea lift logistical supports and technical advisory assistance.

## DIRECTION, CONTROL, OR COORDINATION

For the purposes of the OA EOP and this annex, public health emergency/disaster events are those incidents that may pose a threat of disease or loss of optimum health to the citizens of San Diego County. Public Health serves as the unifying public health entity for the OA.

When the Governor declares a “State of Emergency”, the state’s ICS at the State Emergency Operations Center (SOC) is activated. The SOC includes State agency representatives from California OES, Emergency Medical Services Authority (EMSA) and CDPH.

In a public health emergency, the CDPH will activate their Medical Health Coordination Center (MHCC) to coordinate public health operations.

County of San Diego PHS may increase staffing levels based on extent of the threat and/or impact of the public health emergency or disaster.

The EMS DOC (MOC) is the focal point of command and control, communications, response operations, specialized technologies, information collection, assessment, analysis and dissemination for HHSA components under non-emergency and emergency conditions to support a common operating picture.



The PHO for the County is the public health executive for PHS and exercises associated statutory responsibilities under State and Federal law. The PHO is required to observe and enforce orders and ordinances from local governing body, pertaining to public health and sanitary matters; Orders, including quarantine and other statutes and regulations, prescribed by the department and statutes relating to public health (Health & Safety Code § 101030, 101470). Upon the finding of the PHO that a public health emergency exists, the County Board of Supervisors may declare a state of emergency, officially referred to as a Local Emergency Declaration.

The PHO is a member of the OA EOC Policy Group.

In public health emergencies focused on epidemiological investigations and vaccinations, the Incident Command may shift to the HHSA DOC for primary coordination and the EMS DOC (MOC), may primarily function in a support role. During both public health emergencies and disasters, the EMS DOC (MOC) is focused primarily on coordination of the medical response and communications with first responders and healthcare providers.



## Plan Activation and Termination

Activation and termination of this annex shall be by the direction of one of the following:

1. County Chief Administrative Officer (CAO) in that capacity, or as Director/Coordinator of Emergency Services; or
2. Designated Deputy CAO; or
3. Director, OES or designated representative; or
4. PHO or designated representative; or
5. Chief, EMS or designated representative.



Upon activation, the PHO determines the extent of public health services needed for the emergency or disaster and notifies the appropriate divisions and agencies.

Activation of this annex shall be declared under the following conditions:

- Annex-E is activated whenever a Level III full activation of the OA EOC is called. Dependent on the public health impact of the emergency/disaster, Annex-E may be activated at emergency Levels I and II, as described below:
- An event is imminent, or has occurred, in a populated area such that extensive casualties are inevitable, (e.g. structure collapse, major transportation emergency, hazardous materials release, or another public health emergency such as an infectious/communicable diseases outbreak.
- Notification from cognizant authority that a significant number of casualties from outside the OA are expected to be brought into the OA via the State Mutual Aid System or the NDMS (e.g., casualties from domestic or international war).

The need to activate a public health response for a communicable disease and/or terrorism-related incident may be recognized following unusual disease reports from medical community, laboratories and hospitals.

The HHSA DOC Director contacts the OES Staff Duty Officer (SDO) to request activation of the OA EOC if the situation requires resources beyond HHSA.

The HHSA DOC Director or PHO (or designee) may need to contact OES at the OA EOC to request a local state of emergency declaration to establish the PHO authorities.

Termination of Annex-E occurs when the PHO, in consultation with the County's CAO; designated Deputy CAO; Director, OES; and the Chief, EMS or their designees determine that the situation has stabilized, and emergency/disaster public health operations are no longer required.

## INFORMATION COLLECTION AND DISSEMINATION

Healthcare providers (e.g. hospitals, clinics) are expected to utilize the available OA EOC communication capabilities (e.g. WebEOC) to communicate with agencies within the county. Hospitals report facility structural damage, operational status, bed availability and resources needs through EMS DOC (MOC). State agencies may require situational updates.

Sharing appropriate situational information early and throughout an incident will assist with emergency management operations. Achieving a common operating picture allows on-scene response personnel and entities involved in support and coordination, including the operation centers, to share common situational information. Data collection and dissemination are based on existing policies and procedures used in daily operations.

The Medical and Health Situational Report (SitRep) is prepared by the EMS Duty Officer, MHOAC, EMS DOC (MOC) or Medical Health Branch of the OA EOC in accordance with the California Public Health and Medical EOM. The SitRep information is shared with relevant state partners including CDPH, EMSA, and the Region VI RDMHC/S.

Epidemiological and Public Health Lab surveillance and findings are gathered and disseminated to local and state agencies, healthcare providers, schools and general public, to include identified populations with access and functional needs.

Public communications are developed and generated by County Communications Office and OA EOC under the direction of the PHO and/or the OA EOC Policy Group.

## COMMUNICATIONS

Inter-jurisdictional and inter-agency coordination will be conducted through the Incident Command Posts, OA EOC, County of San Diego HHSA DOC, EMS DOC (MOC), and jurisdictional EOC's utilizing available communication equipment and infrastructure (e.g. WebEOC).

Situational awareness will be supported through data-sharing systems to expedite the transfer of information regarding the status of the incident and provider operational capacities to meet demands of the event. Activation, coordination and use of the JIC will be initiated as soon as possible following an incident.

The OA EOC JIC will function to coordinate information to the media for public consumption. Information released to the public regarding the incident will be cleared by the Director, OES, the PHO, and the OA EOC Policy Group.

Communication efforts will follow the protocols established under the San Diego Urban Area Tactical interoperable Communications Plan, and Annex I:



## Communications and Warning Systems.

The San Diego & Imperial County Regional Communication System (RCS) is the primary OA radio system (800 MHz radio) for coordinating the emergency response to an emergency/disaster. RCS is overseen by the San Diego Sheriff's Department Wireless Communications Services.

There are currently six county Regional Public Health Centers, in the OA that are part of the enhanced RCS:

- Central Region, San Diego
- East Region, El Cajon
- North Inland Region, Escondido
- North Central Region, San Diego
- North Coastal Region, Oceanside
- South Region, Chula Vista

RCS allows for direct communications between Public Health Centers, the HHSA DOC, EMS DOC (MOC) and the OA EOC.

## Talk-groups

County agencies have been assigned their own talk groups. Mutual aid talk groups provide the ability for various agencies to talk to each other. (See Annex I – Communications)

## Back-Up Communications

- Telephones, faxes, and wireless systems will be utilized when available.
- Amateur radio operators may be called upon for back-up communications at the scene(s), hospitals, clinics, first aid stations, the blood bank, field treatment sites, ARC Service Centers, the OA EOC, EMS DOC (MOC) and HHSA DOC if necessary. For more information on amateur radio operations capabilities see the San Diego County Mutual Aid Radio Plan.

## Response Alert and Notification

- a. Hospitals, community-based organizations (CBOs), urgent care centers, SNFs, and the medical community providers will be notified regarding the nature of the magnitude of the incident and the required response. Notification will be made via a mass notification system by the EMS Duty Officer or EMS DOC.
- b. The State of California SOC utilizes three levels of activation with staffing scaled to the demand of the incident. HHSA and EMS DOC's may be activated independent of the OA EOC or each other based on the situational assessment.

- i. Level I – is a minimum activation that initially requires minimal personnel to maintain situational assessment activity and provide support to healthcare coalition members. Public health/medical response from normal working locations for a serious but manageable event.
- ii. Level II – is used for emergencies or planned events that would require more than a minimum staff but would not call for a full activation. HHSA DOC is opened when response is limited to a public health, disease control or mass care.
- iii. Level III – is a complete and full activation with organizational elements at full staffing. Representatives from other agencies or healthcare coalition members may be required under Level Three to support functional area activations. HHSA provides staffing to the OA EOC for the Medical Health and the Care and Shelter Branches of the EOC. The HHSA representative is the Care and Shelter Coordinator in the OA EOC.

## ADMINISTRATION, FINANCE, AND LOGISTICS

Under SEMS, special districts are considered local governments. As such, they are included in the emergency planning efforts throughout the OA. The OA Emergency Organization, in accordance with SEMS, supports and is supported by:

- Cities within the OA
- The County of San Diego
- Special districts
- Other Counties
- The State of California
- The Federal Government

NIMS provides a consistent nationwide template to enable Federal, State, local, and tribal governments and private-sector and nongovernmental organizations to work together effectively. NIMS also enables these entities to efficiently prepare for, prevent, respond to, and recover from domestic incidents, regardless of cause, size, or complexity, including acts of catastrophic terrorism.

Mutual aid, including personnel, supplies, and equipment, is provided in accordance with the California Master Mutual Aid Agreement, and other OA Mutual Aid Agreements. More information about mutual aid is contained in individual annexes, appendices and attachments within this Plan.

The private sector is an important part of the emergency organization. Business and industry own or have access to substantial response and support resources. Community Based Organizations (CBOs) or Non-Governmental Organizations (NGOs) provide valuable resources before, during, and after a disaster. These resources can be effective

assets at any level. OES has established the Ready San Diego Business Alliance. The Alliance will have a virtual connection to the OA EOC via a social networking system fed through an RSS feed from WebEOC.

There are some City and County personnel who do not have specific task assignments. They are automatically designated by State Law as Disaster Service Workers during a disaster, and serve in the response effort.

- "All public employees and all registered volunteers of a jurisdiction having an accredited disaster council are Disaster Service Workers," per Government Code Title I, Division 4, Chapter 8, and Labor Code, Part I, Division 4, Chapters 1 and 10.
- The term public employee includes all persons employed by the State, or any County, City or public district.
- Other personnel including volunteers can be quickly registered by OES as Disaster Service Workers, which provides Workers Compensation and liability coverage.

OES maintains a list of pre-registered volunteers affiliated with volunteer organizations that have been signed up as Disaster Service Workers (DSWs).

It is imperative that local government maintain duplicate records of all information necessary for restoration of normal operations. This process of record retention involves offsite storage of vital computerized and paper-based data that can be readily accessible.

Vital records of the Unified Organization are routinely stored in records storage rooms at OES in printed hard copy form, on CD-ROM, and electronically. Computer records are routinely backed up and stored separately from the hard drives. All personnel records are stored by the County Department of Human Resources at several locations throughout the OA.

## **Logistics**

HHSA and PHS Administration activate the HHSA DOC and oversee PHS in general. Many of the HHSA services are implemented by private contractors who by disaster clauses in their contracts are expected to maintain essential services during and after a disaster. The HHSA DOC may be the lead agency during a public health emergency. HHSA DOC manages PHS financials and makes resource requests through the EMS DOC (MOC) and/or the OA EOC Logistic section.

EMS DOC (MOC) is activated by the EMS Duty Officer at the direction of the PHO, EMS Chief or designee or EMS Medical Director. The EMS DOC (MOC) coordinates operational disaster medical activities during a disaster and provides logistics support during a public health emergency. The EMS DOC (MOC) communicates and places resource requests through the OA EOC Medical Health Branch. The OA EOC Logistics section is responsible for procurement and contracting during the OA EOC activation.

Healthcare providers communicate and submit resource requests through the EMS DOC (MOC). The EMS DOC (MOC) logistics section may coordinate fulfillment of healthcare

requests from existing caches or from OA EOC Logistics. The OA EOC Logistics section may delegate logistical coordination to the EMS DOC (MOC).

The Hospital Preparedness Program (HPP) hospitals have equipment and supplies purchased with HPP funding that may be used as caches to meet local needs.

The Strategic National Stockpile (SNS) Coordinator through the EMS DOC (MOC) may be responsible for mass population prophylaxis. The Cities Readiness Initiative (CRI) program works in tandem with the infectious disease detection system by preparing to prophylaxis the total residential and visitor population. Agreements with trucking companies, private organizations and public agencies exist to support the distribution of medical countermeasures.

## **ANNEX DEVELOPMENT AND MAINTENANCE**

This annex is a product of the OA EOP. As such, the policies, procedures, and practices outlined in the OA EOP govern this annex. OES coordinates the maintenance and updates of this annex every three to four years, in accordance with the maintenance schedule established for the OA EOP. Record of changes, approval, and dissemination of the OA EOP will also apply to this annex.

Updates to this annex can be made before such time for multiple reasons, including but not limited to changes in policy/procedure, improvements and recommendations based on real life events or exercises, etc. Recommended changes should be submitted to OES at [oes@sdcounty.ca.gov](mailto:oes@sdcounty.ca.gov)

Maintenance of this annex is the responsibility of OES and PHS. In addition to the aforementioned maintenance schedule, this annex will be reviewed every two (2) years by PHS. The Public Health Operations (Annex-E) revision is approved by the PHO, or designee, and forwarded to OES for inclusion with the OA EOP.

## **AUTHORITIES AND REFERENCES**

In 2006, the CDPH within California Health and Human Services Agency was created. There are 61 local health jurisdictions in California: 58 counties and three cities: Berkeley, Long Beach, and Pasadena.

The authority to enforce Health Officer Orders is derived from the police powers of the state, county or city. Article XI, Section 7 of the California Constitution provides that: "A county or city may make and enforce within its limits local, police, sanitary, and other ordinances and regulations not in conflict with general laws" (Health and Safety Code- H&S §101025 and §101450,). Public Health Officers must enforce and observe orders and ordinances of the Board of Supervisors or the City Council, (H&S §101030, §101470) as applicable, CDPH orders (H&S §120195) and state statutes and regulations relating to public health (C.C.R. §2501).



The legal basis for the enforcement of Health Officer orders derives from the Health Officer's duty to uphold and enforce statutes, regulations, local ordinances and CDPH orders.(H&S §101375, §101400, and §101405) Additional enforcement authority is contained in statutes that expressly mandate compliance with specified Health Officer orders.(H&S §120220 and §1221365). The *"Health Officer Practice Guide for Communicable Disease Control in California"*, last published on 6/7/2013 by Public Health Law Work Group provides additional references.

In order to understand the authorities and responsibilities that arise during emergencies or disasters, it is necessary to understand the basic authorities that apply in day-to-day public health operations. These references include:

- County Board of Supervisors appoints a Public Health Officer (HSC-Health and Safety Code- §101000).
- HSC § 101025 Preservation and protection of public health.
- HSC § 101030 Enforcement duties.
- HSC § 101375 Consent of city; enforcement duties of county health officer.
- HSC § 101400 Contracts for county performance of city health functions.
- HSC § 101405 Powers of county health officers in city.
- HSC § 101415 Contract for city performance of county health functions.
- HSC § 101450 Duties of governing body of city.

HSC § 101460 Health Officer Appointment. "Every governing body of a city shall appoint a health officer, except when the city has made other arrangements as specified in this code, for the county to exercise the same powers and duties within the city, as are conferred upon city health officers by law."

- There are three conditions of emergency defined in the Emergency Services Act, "state of war emergency," "state of emergency," and "local emergency" defined in California Government Code (GC) § 8558 Degrees of emergency.
- When the County Board of Supervisors proclaims a local emergency, the proclamation does apply to cities within the geographic borders of the County.
- GC § 8630 Proclamation by local governing body. "When the county has declared the local emergency based upon conditions which include both incorporated and unincorporated territory of the county, it is not necessary for the cities to also declare the existence of a local emergency independently"
- GC § 8630(b) Proclamation by local governing body: the local health officer may proclaim a local emergency if specifically designated to do so by ordinance adopted by the governing body of the jurisdiction.
- A "local emergency" as defined by GC § 8558(c) includes such health-related conditions as air pollution, epidemic, and plant or animal infestation or disease. A "local emergency" may also be proclaimed upon the existence of "other conditions"
- GC § 8625 State of Emergency Proclamation by Governor

- GC § 8625(b) The Public Health Officer may not request that the Governor proclaim a “State of Emergency,” Only the Mayor or chief executive of the affected city, or by the chairman of the county board of supervisors or county administrative officer may request the Governor proclaim a “state of Emergency.”
- HSC § 101040 Authority to take preventive measures during emergency.
- HSC § 101080 Declaration of health emergency; conditions; duration; review: The term “health emergency” is narrowly defined in HSC § 101080 as a spill or release of hazardous waste or medical waste, as described in § 101075 that is determined by the director (DHS) or local health officer to be an immediate threat to public health or “whenever there is an imminent and proximate threat of the introduction of any contagious, infectious, or communicable disease, chemical agent, non-communicable agent, toxin or radioactive agent.”
- HSC §101085 Health emergencies; powers of health officials.
- HSC § 101310 Health emergencies. “In the event a health emergency is declared by the board of supervisors in a county, or in the event a county health emergency is declared by the county health officer pursuant to Section 101080, the local health officer shall have supervision and control over environmental health and sanitation programs and personnel employed by the county during the state of emergency.”
- The “health emergency” that is declared by the board of supervisors in HSC §101310 is a “local emergency” which has been proclaimed for a health-related reason as defined under GC § 8558(c) pursuant to GC § 8630.
- Section 101310 (originally § 1155.7) was added to the Health and Safety Code in Chapter 1364, Statutes of 1974.

The purpose of the section was to ensure that health officers had field personnel available to respond to an emergency. This became necessary when environmental health programs were granted the authority to form comprehensive environmental health agencies outside of the health department in accordance with §§ 1155.5 and 1155.6 of this legislation. Section 1155.7 was renumbered to §1158 in 1979 and later amended to include the ability to respond to health emergencies created by a spill or release of hazardous wastes, in Chapter 927, Statutes of 1980.

- Penal Code § 409.5 provides the local health officer with authority to order an evacuation if there is an immediate menace to the public health from a calamity such as a flood, storm, fire, earthquake, explosion, accident or other disaster.
- At the federal level, the U.S. Department of Health and Human Services (HHS) provides the framework for its management of public health and medical response to an emergency or disaster. The HHS CONPS is consistent with Homeland Security Presidential Directive (HSPD) 5 and National Response Framework (NRF). The Assistant Secretary for Preparedness and Response (ASPR) directs

and coordinates federal public health and medical assistance provided under ESF-8.

The ASPR coordinates the Federal ESF-8 response through the HHS Emergency Management Group or EMG, which operates from the Secretary's Operations Center at HHS headquarters in Washington, D.C. The legal authority of the Secretary includes: Legal Authority without declaration of a Public Health Emergency

- Section 319 of the Public Health Services Act, HHS Secretary has broad legal authorities to provide assistance to states and local entities and to conduct studies, to include establishing isolation and quarantine, maintain Strategic National Stockpile (SNS), Activating National Disaster Medical System (NDMS), deploying Medical Reserve Corps (MRC), maintain safety of food, drugs, biological products and medical devices, and providing temporary assistance to needy families and responding to needs of "at-risk" individuals.
  - The Secretary may waive certain requirements for drugs covered by risk evaluation and mitigation strategies or permit the dispensing of medical products intended to prevent, diagnose, or treat a disease or condition caused by such a product described for emergency use. Legal Authority with Declaration of a Public Health Emergency.
  - Make grants to State and local agencies.
  - Provide awards for expenses & contract.
  - Conduct and support investigation into cause, treatment or prevention of specific disease or disorder.
- The Medical Health Operational Area Coordinator (MHOAC) program coordinates the functions identified in statute under the Health & Safety Code §1797.153. Within the Mutual Aid Region, the Regional Disaster Medical Health Coordinator (RDMHC) program coordinates the functions identified in Health and Safety Code §1797.152.

### **Access Funds to the Public Health Emergency Fund**

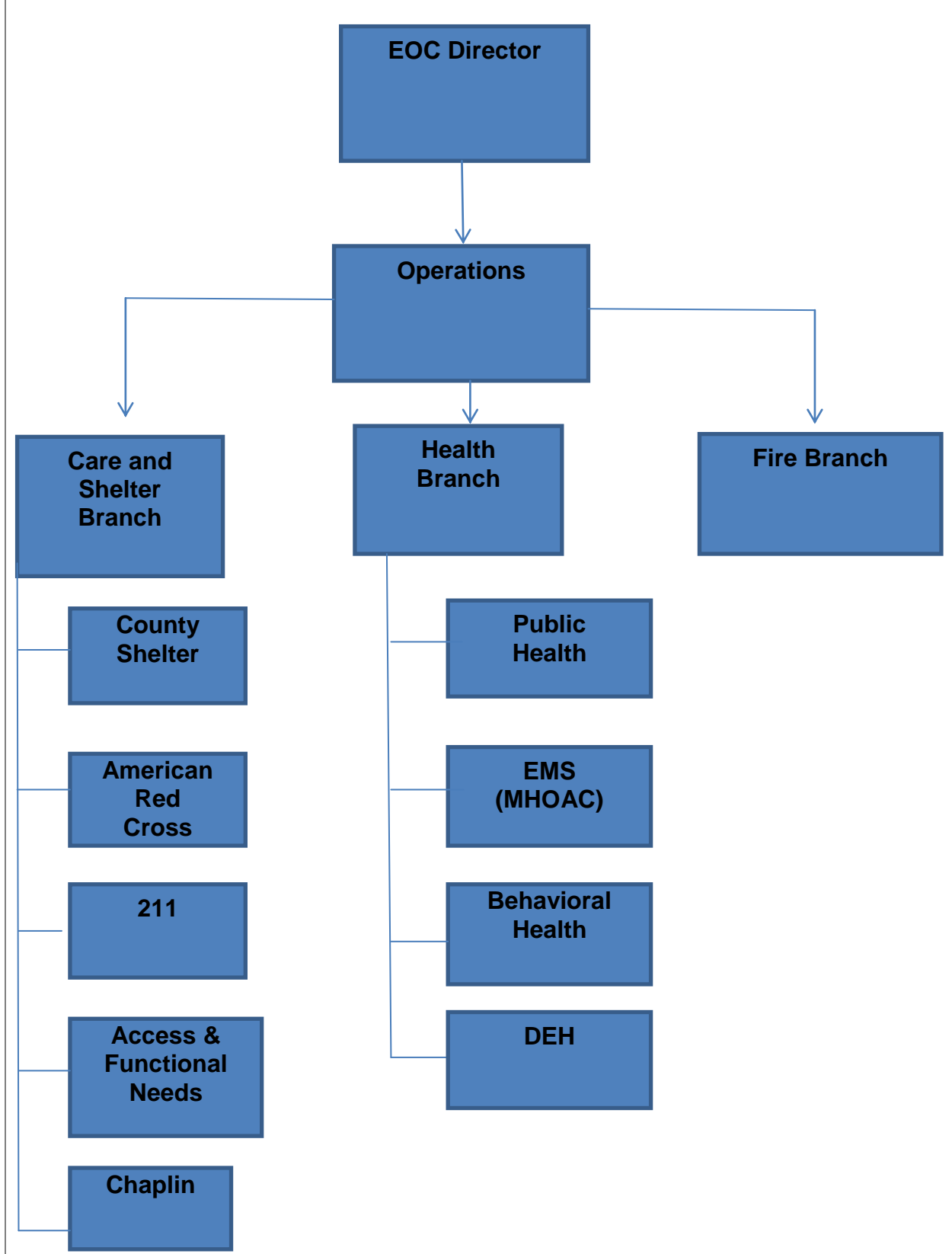
Funding during a public health emergency may come from several sources:

- Grant extensions or waive sanctions related to deadlines for data/reports
- Modify practice of telemedicine.
- Allow temporary reassignment of State and local personnel during a public health emergency.
- Adjust Medicare reimbursement for certain Part B Drugs.
- Legal Authority When the President declares a Major Disaster or an Emergency.

- In addition to regular authorities, HHS Secretary may be authorized or directed to take other actions under the Robert T. Stafford Act or an emergency under the National Emergencies Act.
- Emergency Authority When the President and the HHS Secretary Issue a Declaration.
  - Under section 1135 of the Social Security Act, the HHS Secretary may temporarily waive certain Medicare, Medicaid and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet need of individuals enrolled in Social Security Act programs, to include but not limited to waivers or modifications to:
    - Emergency Medical Treatment and Labor Act (EMTALA) sanctions for direction or reallocation of an individual to another location to receive medical screening or transfer. A waiver is effective only if actions under the waiver do not discriminate on the basis of patient's source of payment or ability to pay.
    - Health Insurance Portability and Accountability Act (HIPAA) sanctions and penalties relating to the following:
      - Obtaining a patient's consent to speak with family members.
      - Honoring a patients request to opt out of the facility directory.
      - Distributing a note of privacy practices.

Honoring the patient's right to request privacy restrictions or confidential communications

**FIGURE 1 - PUBLIC HEALTH OPERATIONS POSITIONS OA EOC**



## APPENDIX A

### State Responsibilities

The Health Officer of the California Department of Public Health (CDPH) has the overall responsibility for coordinating statewide emergency/disaster public health operations and support.

The following state agencies have varied capabilities and responsibilities for providing support to public health emergency/disaster operations:

#### California Department of Public Health (CDPH)

The State Health Officer or designee is primarily responsible for the administration and coordination of a statewide emergency/disaster public health program. This includes coordinating, supervising, and assisting those essential services required to:

- Assure availability of safe drinking water.
- Prevent and control communicable disease.
- Provide technical assistance in the safe operation of sewage collection, treatment, and disposal systems.
- Assure prevention and control of vectors, including flies, mosquitoes, and rodents.
- Assure observance of health aspects in management of solid waste disposal, including proper disposal of dead animals and human remains.
- Assure safe management of hazardous wastes, including handling, transportation, and disposal.
- Ensure safety of emergency supplies of food, drugs, medical devices, and other products.
- Ensure rapid restoration or replacement of facilities for processing, storing, and distributing food, drugs, medical devices, cosmetics, and other products.
- Rapidly establish measures to mitigate damage to public health from radiological accidents, including safety criteria for recovery, re-occupancy, and rehabilitation of contaminated areas.
- Provide support to the California Air Resources Board in carrying out the public health aspects of the California Air Pollution Emergency Plan.

#### Department of Food and Agriculture

- Administers programs for the control and eradication of diseases, pests or chemicals affecting animals, poultry or crops.
- Provides information on the protection of human and animal food from contamination by harmful residues or chemicals.
- Provides entomological and veterinary assistance in support of emergency operations.



**Air Resources Board**

- Develops plans to prevent substantial endangerment to the health of persons by anticipating and preventing or abating air pollution emergencies.
- Coordinates execution of air pollution emergency plans with Operational Areas and Regional Air Pollution Control Districts, California Office of Emergency Services (Cal-OES), and other public agencies.
- Coordinates the monitoring of air quality and issues bulletins consistent with public safety as required by the California Department of Health Services.

**State Water Resources Control Board**

Assures safe operation of sewage collection, treatment, and disposal systems; and provides water quality advice and support in emergency operations.

**Solid Waste Management Board**

Responsible for the proper disposal of solid wastes.

## APPENDIX B

### Federal Responsibilities

Federal agencies operating under their own statutory authority may render direct assistance; however, following a Presidential Declaration on March 1, 2003, , the Department of Homeland Security (DHS), through the Federal Emergency Management Agency (FEMA), has the responsibility to coordinate the federal response system supporting emergency medical needs resulting from disasters.

The following federal agencies have varied capabilities and responsibilities for providing support to public health emergency/disaster operations:

### Federal Emergency Management Agency (FEMA)

FEMA is supported by the Sixth U.S. Army Headquarters, the Department of Homeland Security (DHS), the U.S. Department of Health and Human Services (HHS), and the Department of Defense (DoD). The National Response Framework built on over 20 years of Federal response, streamlined guidance and integrated lessons learned from Hurricane Katrina and other incidents. All levels of government, the private sector, and nongovernmental organizations are integrated into a common incident management framework, and align with the National Incident Management System. The Framework includes 15 Emergency Support Function Annexes. Many state governments, including California, organize response resources and capabilities under the ESF construct.

The Emergency Support Function (ESF-8) – Public Health and Medical Services Annex, provides the mechanism for coordinated Federal assistance to supplement State, tribal, and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency. Public Health and Medical Services include responding to medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of members of the “at risk” or “Access and Functional Needs” (AFN) population described in the Pandemic and All-Hazards Preparedness Act and in the National Response Framework (NRF) Glossary, respectively. It includes a population whose members may have medical and other functional needs before, during, and after an incident.

ESF-8 provides supplemental assistance to State, tribal, and local governments in the following core functional areas:

- Assessment of public health/medical needs
- Health surveillance
- Medical care personnel
- Health/medical/veterinary equipment and supplies
- Patient evacuation
- Patient care

- Safety and security of drugs, biologics, and medical devices
- Blood and blood products
- Food safety and security
- Agriculture safety and security
- All-hazard public health and medical consultation, technical assistance, and support
- Behavioral health care
- Public health and medical information
- Vector control
- Potable water/wastewater and solid waste disposal
- Mass fatality management, victim identification, and decontaminating remains
- Veterinary medical support

### **Department of Health and Human Services**

The Department of Health and Human Services (DHHS), which includes the Centers for Disease Control and Prevention (CDC), and in collaboration with FEMA, has the primary federal responsibility for activities associated with health hazards resulting from emergencies. Is responsible to:

- Assist state and local communities in taking protective and remedial measures for ensuring sanitary food and potable water supplies; adequate sanitary systems; rodent, insect, and pest control; care of sick and injured; and control of communicable disease.
- Assign professional and technical personnel to augment state and local forces.

### **Food and Drug Administration**

Guides state and local governments in establishing public health controls including decontamination or condemnation of contaminated food and drugs.

## APPENDIX C: PUBLIC HEALTH OPERATIONS EMERGENCY ACTION CHECKLIST

Action	Responsibility
Report to the EOC at Kearny Mesa, other designated staff report to EMS DOC (MOC) or HHSA DOC.	Public Health Officer and Designated PHS Staff
Issue appropriate public health orders, including orders of quarantine, and protective guidelines, as needed.	Public Health Officer
Request proclamation of Local Emergency (if emergency is of a public health nature only).	Public Health Officer
Coordinate health-related activities among local public and private response agencies or groups.	Public Health Services
Communicate with local hospitals/clinics to determine surge needs.	Public Health Services / MHOAC / EMS
Coordinate with the County Medical Examiner, on any health-related problems associated with the disposal of the dead.	Public Health Services
Request assistance from the State Mutual Aid Regional Disaster Medical Health Coordinator (RDMHC/S), as required.	Public Health Services / MHOAC / EMS
Determine potential health hazards and establish standards for control.	Public Health Services
Coordinate a systematic inspection of health hazards in affected areas as needed.	Public Health Services / MHOAC / EMS
Assist in environmental protection activities.	Public Health Services / DEH
Implement preventive health measures, including the control of communicable diseases and other public health threats.	Public Health Services
Provide laboratory testing as needed to prevent environmental or human-to-human disease transmission.	Public Health Laboratory
Conduct appropriate laboratory testing to monitor situation throughout event response.	Public Health Services / Public Health Laboratory
Assist in disease control activities.	Public Health Services / Public Health Nursing
Assist in community health assessment.	Public Health Services / Public Health Nursing
Assist in Field Treatment Sites, First Aid Stations, and Mass Care Shelters when requested.	Public Health Services / Public Health Nursing
Provide supportive health care at operating Public Health Centers.	Public Health Nursing

Conduct preventive health services as needed.	Public Health Services / Public Health Nursing